

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
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12							62	
13							63	
14							64	
15							65	
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37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	9
TOTAL DEP.							TOTAL DEP.	49
TOTAL CLAIMS							TOTAL CLAIMS	56

Best Available Copy